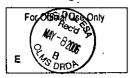
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization.

Name MICHAEL A STRAETER	PI S Labor Organization File Number 039-0	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 550 CONTINENTAL BLVD., SUITE 130	Street 550 CONTINENTAL BLVD., SUITE 130	
City EL SEGUNDO	City EL SEGUNDO	
State California ZIP Code + 4 90245-5063	State California ZIP Code + 4 90245-5063	
5. Position in labor organization. PRESIDENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael A. Streeter	on 5/4/06	(310) 322-8329
, , , , , , , , , , , , , , , , , , , ,	Date	Telephone Number

Street

City

State

1		
Name of Person Filing MICHAEL STRAETER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HEALTH NET OF CALIFORNIA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 21281 BURBANK BLVD. B-2 City WOODLAND HILLS State California ZIP Code +4 91367	a. Labor Organization S. b. Trust C. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SC UFCW & DRUG EMPLOYERS BENEFIT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 27920 Street 2220 HYPERION AVE. City Los Angeles 2220 Hyperion 2220 State California 2220 ZIP Code + 4 90027-0920-	MEDICAL NETWORK PROVIDER 11.b. Approximate dollar value of such dealing. \$7,023,220 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing MICHAEL STRAETER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name HEALTH-NET OF CALIFORNIA Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 21281 BURBANK BLVD. B-2 Cty WOODLAND HILLS State California ZIP Code +4 91367	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SC UFCW & DRUG, EMPLOYERS BENEFIT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 27920 Street 2220 HYPERION AVE	11.b. Approximate dollar value of such dealing. \$7,023,220 12.a. Nature of interest held or income received. 12.b. Amount. #229.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
P.O. Box, Bldg., Room No., if any Street that Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing MICHAEL STRAETER	File Number U-	
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8. Name and address of Business (including trade name, if any). Name MORGAN: STANLEY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440: SOUTH: LA SALLE STREET City CHICAGO State Tilinois: ZIP Code + 4 60605-5028	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SC: UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS.	INVESTMENT MANAGER FOR PENSION FUND REAL ESTATE INVESTMENT SERVICES PRIME PROPERTY FUND	
P.O. Box, Bldg., Room No., if any P.O. BOX 6010	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
Street 6425 KATELLA AVE	Live 22 in the second s	
City CYPRESS	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	
State California & State ZIP Code + 4 90630 = 0010	Denner 8-24-05	
	12.b. Amount. # 69.51	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
P.O. Box, Bldg., Room No., if any		
Street St		
City State ZIP Code + 4		
	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

Name of Person Filing MICHAEL STRAETER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name MORGAN STANLEY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 SOUTH LA SALLE STREET Cty CHICAGO: State T11inois: ZIP Code + 4 60605-5028	9. Business deals with: a. Labor Organizat b. Trust c. Employer	iion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SCHUFCWU & FOOD, EMPLOYERS JOINT TRUST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 6010 Street 6425 KATELLA AVE City CYPRESS ZIP Code + 4 90630-0010	REAL ESTATE INVESTI PRIME PROPERTY FUND 11.b. Approximate dollar value 12.a. Nature of interest held	FOR PENSION, FUND MENT. SERVICES The of such dealing. The or income received. Cumcly Smarks H. O. S.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
40.1.4. 0	14.b. Amount of payment.		

13.b. Is the Business an Employer

or Consultant

Name of Person Filing MICHAEL STRAETER	File Number U-	
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8. Name and address of Business (including trade name, if any). Name MORGAN STANLEY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 SOUTH LA SALLE STREET Cty CHICAGO State T11inois: ZIP Code + 4 60605-5028	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SCUFCWU & FOOD, EMPLOYERS JOINT TRUST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 6010 Street 6425 KATELLA AVE. City CYPRESS State California ZIP Code + 4 90630-0010	INVESTMENT MANAGER FOR PENSION FUND REAL ESTATE INVESTMENT SERVICES. PRIME PROPERTY FUND 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount. \$ 72.38	
 C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MORGAN STANLEY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 SOUTH LASALLE STREET City CHICAGO State F11 incols ZIP Code + 4 60605-5028	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SC-UFCWU & FOOD; EMPLOYERS JOINT TRUST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 6010 Street 6425 KATELLA AVE City CYPRESS State California ZIP Code + 4 90630-0010	INVESTMENT MANAGER FOR PENSION FUND REAL ESTATE INVESTMENT SERVICES: PRIME PROPERTY FUND 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. \$243.33	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City State ZIP Code + 4		

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

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Name of Person Filing MICHAEL STRAETER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MORGAN STANLEY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 SOUTH LA SALLE STREET Cly CHICAGO State T11 inotis: ZIP Code + 4 60605-5028	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. INVESTMENT MANAGER FOR PENSION FUND	
Name SCHUFCWURE FOOD EMPLOYERS JOINT TRUST FUNDS. Trade Name, if any:	REAL ESTATE INVESTMENT SERVICES PRIME PROPERTY FUND	
P.O. Box, Bidg., Room No., if any P.O. BOX 6010		
Street 6425 KATELLA AVE	11.b. Approximate dollar value of such dealing.	
City CYPRESS	12.a. Nature of interest held or income received.	
State California Zin Zip Code + 4 90630 20010	COLF	
	12.b. Amount. ま55063 (単語 1995年)	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing MICHAEL STRAETER		File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MORGAN STANLEY	, 3	
Trade Name, if any:	a. Labor Organiza	tion [
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 440 SOUTH LASSALLE STREET	c. Employer	
City CHICAGO		
State 111/inois: ZIP Code + 4 60605-5028		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.
Name SC UFCWU & FOOD, EMPLOYERS JOINT TRUST FUNDS.	Investment månager Real Estate invest	MENT SERVICES
Trade Name, if any:	PRIME PROPERTY FUN	
P.O. Box, Bldg., Room No., if any P.O. BOX 6010		
Street 6425 KATELLA AVE.	11.b. Approximate dollar valu	policeb days to such
City CYPRESS: 18 18 18 18 18 18 18 18 18 18 18 18 18	12.a. Nature of interest hel	
State Callifornia Cr. ZIP Code + 4 90630-0010	Dinner	spouse richted
	12.b. Amount. #130	0.38
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	St. in control of the state of
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P.O. Box, Bldg., Room No., if any	The state of the s	
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State ZIP Code + 4	attinudi:	
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	The state of the s

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Name of Person Filing MICHAEL STRAETER	File Number U-	
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	bound of Elipsope	
City Control of the C		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street The	11.b. Approximate dollar value of such dealing.	
City Particular Control of the Contr	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name COLUMBIA MANAGEMENT	Denner sprese (xcluded)	
Trade Name, if any:	Denner sporse included	
P.O. Box, Bldg., Room No., if any		
Street 600 MONTGOMERY STREET		
City SAN FRANCISCO		
State California ZIP Code + 4 94111 2702		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. # 275.16	

Name of Person Filing MICHAEL STRAETER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: i a. Labor Organization b. Trust	
Street ZIP Code + 4	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Cotle + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
 Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name COLUMBIA MANAGEMENT Trade Name, if any:	G0-F	
P.O. Box, Bldg., Room No., if any Street 600 MONTGOMERY STREET City SAN FRANCISCO State California 27 ZIP Code + 4 94111-2702		
13.b. Is the Business an Employer 🔀 or Consultant 💮 ?	14.b. Amount of payment. # 124.02	

Name of Person Filing MICHAEL STRAETER	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
(including trade name, if any).			
Name COLUMBIA MANAGEMENT	Denner spouse included		
Trade Name, if any:	Denner spouse included		
P.O. Box, Bldg., Room No., if any Street 600 MONTGOMERY STREET City SAN FRANCISCO	9-19-05		
State California ZIP Code + 4 94111-2702			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing MICHAEL STRAETER	File Number U-		
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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street	L. C. Employer		
City City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City [12] A Company of the state of the stat	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name COLUMBIA MANAGEMENT	GOLFIE		
Trade Name, if any:	2-18-05		
P.O. Box, Bldg., Room No., if any			
Street 600 MONTGOMERY STREET			
City SAN FRANCISCO			
State California ZIP Code + 4 94111-2702			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. #95.		

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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name UNION LABOR LIFE INSURANCE COMPANY	a. Labor Organization		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1625 EYE STREET, NW			
City WASHINGTON State District of Columbia ZIP Code + 4 20006			
State District of Columbia ZIP CONE **4 20000			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. INVESTMENT MANAGER FOR PENSION FUND MORTGAGE		
Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT FUND J FOR JOBS		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO BOX 6010			
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. # 271, 362,		
City CYPRESS	12.a. Nature of interest held or income received.		
State California ZIP Code + 4 90630-0010	lunch		
	lunch 11-1-05		
	12.b. Amount. \$44.4 \		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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8. Name and address of Business (including trade name, if any). Name UNION LABOR LIFE INSURANCE COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 EYE STREET, NW City WASHINGTON State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS		
Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 6010 Street 6425 KATELLA AVE. City CYPRESS State California ZIP Code + 4 90630-0010	11.b. Approximate dollar value of such dealing. # 371, 362. 12.a. Nature of interest held or income received. 60L F		
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$\\\ \(\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street City State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

,			
Name of Person Filing MICHAEL STRAETER	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name UNION LABOR LIFE INSURANCE COMPANY			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1625 EYE STREET, NW			
City WASHINGTON			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND		
Trade Name, if any:	J FOR JOBS		
P.O. Box, Bldg., Room No., if any PO BOX 6010			
Street 6425 KATELLA AVE.	11 h Approximate dellar value of such dellar.		
City CYPRESS	11.b. Approximate dollar value of such dealing. #271,362 > 12.a. Nature of interest held or income received.		
State California ZIP Code + 4 90630-0010	GOLF, SNACKS 8-29-05		
	8-29-05		
	12.b. Amount. # 1,24,80		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing MICHAEL STRAETER	File Number U-		
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name UNION LABOR LIFE INSURANCE COMPANY	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1625 EYE STREET, NW	_		
City WASHINGTON			
State District of Columbia ZIP Code - 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO BOX 6010			
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. #271, 362		
City CYPRESS	12.a. Nature of interest held or income received.		
State California ZIP Code + 4 90630-0010	lunch 8-17-05		
	12.b. Amount. # 30 • 6		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
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City			
State ZIP Code + 4	-		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name UNION LABOR LIFE INSURANCE COMPANY	a. Labor Organization		
Trade Name, if any:	D. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1625 EYE STREET, NW			
City WASHINGTON			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO BOX 6010	ļ ,		
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. #271, 362		
City CYPRESS	12.a. Nature of interest held or income received.		
State California ZIP Code + 4 90630-0010	liench 7-18-05		
	7-18-05		
	12.b. Amount. \$ 30.5 Z		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing MICHAEL STRAETER	File Number U-		
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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name UNION LABOR LIFE INSURANCE COMPANY			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1625 EYE STREET, NW			
City WASHINGTON State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. INVESTMENT MANAGER FOR PENSION FUND MORTGAGE		
Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT FUND J FOR JOBS		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO BOX 6010			
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. \$271,362.		
City CYPRESS	12.a. Nature of interest held or income received.		
State California ZIP Code + 4 90630-0010	lunch		
	lunch 6-20-05		
	12.b. Amount. # 23.666		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing MICHAEL STRAETER	File Number U-		
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Name UNION LABOR LIFE INSURANCE COMPANY	[]		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	X b. Trust		
Street 1625 EYE STREET, NW	c. Employer		
City WASHINGTON			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO BOX 6010			
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. # 271, 362		
City CYPRESS	12.a. Nature of interest held or income received.		
State California ZIP Code + 4 90630-0010	lunch		
	lunch 4-14-05		
	4.1.0		
	12.b. Amount. # 61-19		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade патне, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing MICHAEL STRAETER	File Number U-		
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	12.b. Amount. 435,88		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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State District of Columbia ZIP Coce + 4 20006				
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Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS	INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO BOX 6010				
Street 6425 KATELLA AVE.	11.b. Approximate dollar value of such dealing. \$271, 36			
City CYPRESS	12.a. Nature of interest hel	•		
State California ZIP Code + 4 90630-0010	lunch 1-4-05			
	13 h Amount	38.0(
	12.b. Amount.	,) 8 1 0 1		
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			





Jesse Gonzales Secretary-Treasurer

(Control of the cont

United Food and Commercial Workers Union

May 4, 2006

Sent Certified Mail
Return Receipt Requested

U.S. Department of Labor Employment Standards Administration Office Labor-Management Standards 200 Constitution Ave., NW, Room N-5616 Washington, DC 20210

Vilacl A. Stracter

RE: LM-30 Reports for 2005

To Whom It May Concern:

Enclosed are my reports for the above period. As of this date, I haven't been issued an OLMS five digit number.

If you have, any questions don't hesitate to contact the undersigned.

Sincerely,

Michael A. Straeter

President

MAS:bd

Enclosures (LM-30 reports)